



Critical Success Factors for California Public Health Systems

2017 CAPH Annual Conference

Organizational Overview



We are the partner of choice for providers and payors across the United States who are committed to success in the new value-based payment environment and developing the diverse talent needed to fill future health care roles



Offices in Downtown Los Angeles, Manhattan and Seattle, with teams across the country in major markets including Texas, the Northwest, Florida and the Northeast



COPE Health Solutions currently has over 120 employees partnering with health systems and health plans across several states and enrolls over 4,500 students annually in our courses, with a growing national and global presence



COPE Health Solutions has a proven track record in all aspects of strategy, population health management, Medicare/Medicaid transformation and workforce training across the continuum

Select Past and Current Clients



LAC + USC Medical Center



A member of the St. Joseph Hoag Health alliance

CNY CARE COLLABORATIVE



SWEDISH



Our Perspective on the Future of Health Care

National and California Trends

Medicare and Medi-Cal Redesign

- **Medi-Cal program has undergone substantial changes in recent years and is expected to continue**
- Medicaid 1115 Waiver not anticipated to be extended after 2020
- Estimated \$800M in cuts over the next ten years
- CHIP funding extension delays anticipated
- PRIME program for public hospitals and now includes district hospital participation

Contracting for Value-based Payments

- **California has been a national leader in capitation so building off of that foundation in evolving contracts away from low-yield VBP arrangements and into full capitation to maximize return on investment is key**
- Transition toward increased risk is essential for long-term financial sustainability
- Increased focus on better medical management of patients/members for success in risk-based agreements

Medicare Access and CHIP Reauthorization Act (MACRA)

- **Beginning January 2018, 50% of all Medi-Cal managed care beneficiaries assigned by their MCOs to receive care through DPHs will receive all, or a portion of, their care under a contracted Alternative Payment Model (APM)**
- Merit-based Incentive Payment System (MIPS) and APMs play a central role in Quality Payment Program reporting and APMs play a key role in achieving Medicare FFS provider incentives

New Administration: Focus on the States

- **Disproportionate Share Hospital (DSH) cuts are expected to continue across the nation**
- A greater proportion of Medi-Cal and Medicare payments are likely to be administered at the state level
- Future incentive payment program extensions in California not expected under the current administration
- Future of State marketplace exchanges is unknown

Our Health Care Perspective

Issue

Implication



Population Health Trends



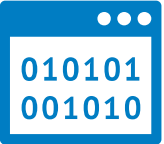
- **Unique opportunity to transform into population health management systems and to maintain or expand market share for Medi-Cal and Medicare**
- Population health and analytics are the key to better managing costs and improving outcomes
- Cultural diversity within patient/member mix, aging patients/members desiring return to cultural roots



Workforce Shifts

- **To help mitigate financial losses and constraints, workforce shifts are required by provider organizations to prioritize the creation of non-traditional job roles and workflows supporting top of license care delivery**
- Aging health care providers, staff and leaders leaving the industry are creating an opportunity for new generations of leaders and the opportunity to better partner with the community toward a workforce development pipeline and strategy that cultivates culturally competent staff

Our Health Care Perspective

Issue	Implication
 <p data-bbox="117 476 374 554">Managed Care Transition</p>	<ul data-bbox="421 325 1773 539" style="list-style-type: none">• Medicare Advantage will be a main growth area for foreseeable future; continued opportunities to engage more deeply in Medi-Cal risk arrangements• Less fee-for-service and more risk/capitation –ACOs/IPAs are gateways to VBP managed care arrangements including capitation/sub-capitation
 <p data-bbox="127 843 369 921">Care Delivery Integration</p>	<ul data-bbox="421 625 1818 882" style="list-style-type: none">• PRIME and Whole Person Care (WPC) programs incentivizing efforts toward clinical integration and person-centered care, driving redesign and care management to improve outcomes through greater coordination and collaboration across care settings and providers• Increasingly rapid migration of care delivery from traditional institutional settings to community and home-based care, sparked by financial incentives and penalties
 <p data-bbox="137 1172 355 1206">Role of Data</p>	<ul data-bbox="421 953 1773 1206" style="list-style-type: none">• Role of managing disparate data systems including claims in a way to measure outcomes and reporting under VBP arrangements increasingly important, especially identifying how to incorporate SDH data to improve outcomes• Increasing demand for data-driven decisions and metrics to measure value and drive revenue

Discussion Questions

Which of the trends and opportunities discussed most resonate with you?

What are your top pain points?

How are you preparing for the next 3-5 years?

How are you leveraging various data sources, including claims data, to help identify opportunities for improvement and targeted interventions?

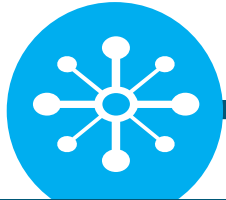
Does your provider network composition reflect the needs of your patients?

Does your care model support the needs of your dynamic population needs?

Unparalleled National Expertise in VBP Transformation and Care Coordination

Our Approach to Population Health Strategy

COPE Health Solutions combines market-leading strategies in Network Development, Clinical Redesign, and Data to provide holistic, Population Health Management Strategies



Network Development

Assess and Optimize Provider Networks

- How does leakage impact financial and clinical performance?
- Are key access points in the right geographies?
- Is established clinical governance effective?
- Is the complement of provider types optimal?



Clinical Redesign

Understand and Redesign Care Delivery Models

- Do existing care management programs align with your population's needs?
- Are disease management programs effective?
- What short-term clinical interventions will immediately close gaps in care?
- What care delivery changes are needed and when?



Data Analytics

Discover and Measure Opportunities with Data

- Who are over/under performing providers?
- Where are short- and long-term opportunities?
- What are short and long-term opportunities worth?
- How should investments be prioritized?

Population Health

- Assessment
- Strategy Design
- Implementation Support
- Performance Improvement

Network Utilization and Funds Flow Model

This model is a powerful tool used to identify clear strategies to improve performance for quality programs, manage total cost of care and thus achieve shared savings. It also allows health systems to reliably predict the path to profitable transition from fee-for-service business to risk-bearing payment arrangements

Financial Planning



Budget, risk contract, fee structure, funds flow

- Realistic budget followed by the entire enterprise
- Informs structure and negotiations for risk-based contracts
- Design fee structure and bonus incentive mechanisms for downstream providers

Initiative Development



Initiatives align with financial incentive

- Design initiatives to enhance profitability by LOB and Health Plan
- Prioritize opportunities with highest return on investment (ROI)

Risk Delegation



Subcontracting, strategic partnership

- Evaluate financial impact and scenarios for provider contracting
- Negotiate strategic partnerships to enhance risk pool performance

Cultural Transformation

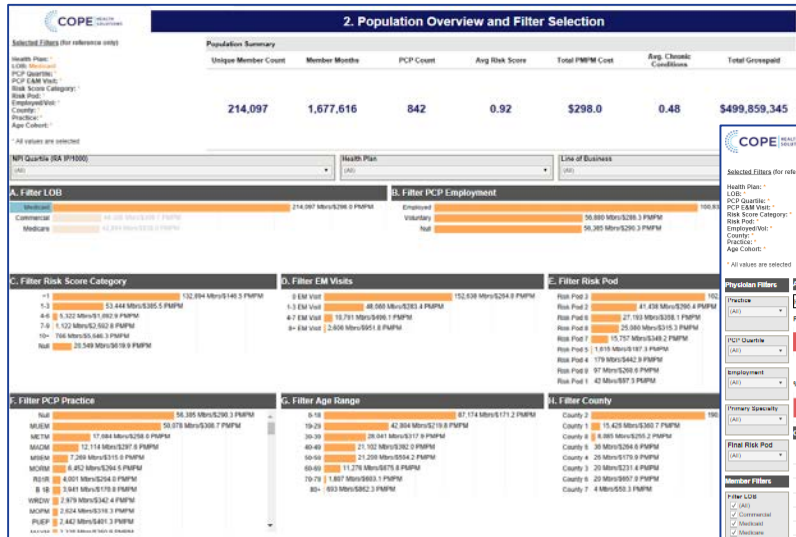


Transparent, collaborative, innovative

- Develop culture to bind providers around common goals and objectives
- Create and maintain transparent budget and funds flow
- Promote innovative solutions to improve quality of care and financial performance

Interactive Dashboard Overview

The model includes interactive dashboards which enable management and front-line providers identify opportunities to improve the care model and close service gaps. See handouts for examples of interactive dashboards.



Care Management Strategy

Comprehensive care management strategy provides whole-person, data driven care management as the primary tool for improving outcomes and reducing acute care utilization



Member Identification

Population Stratification

Member Attribution

Care Management Interventions

Care Management Delivery & Staffing

Program Evaluation & Reporting

Who is the population?

Who can be impacted?

Who is responsible?

How is care provided?

What staff is needed?

Is care effective?

Enabling Resources & Support

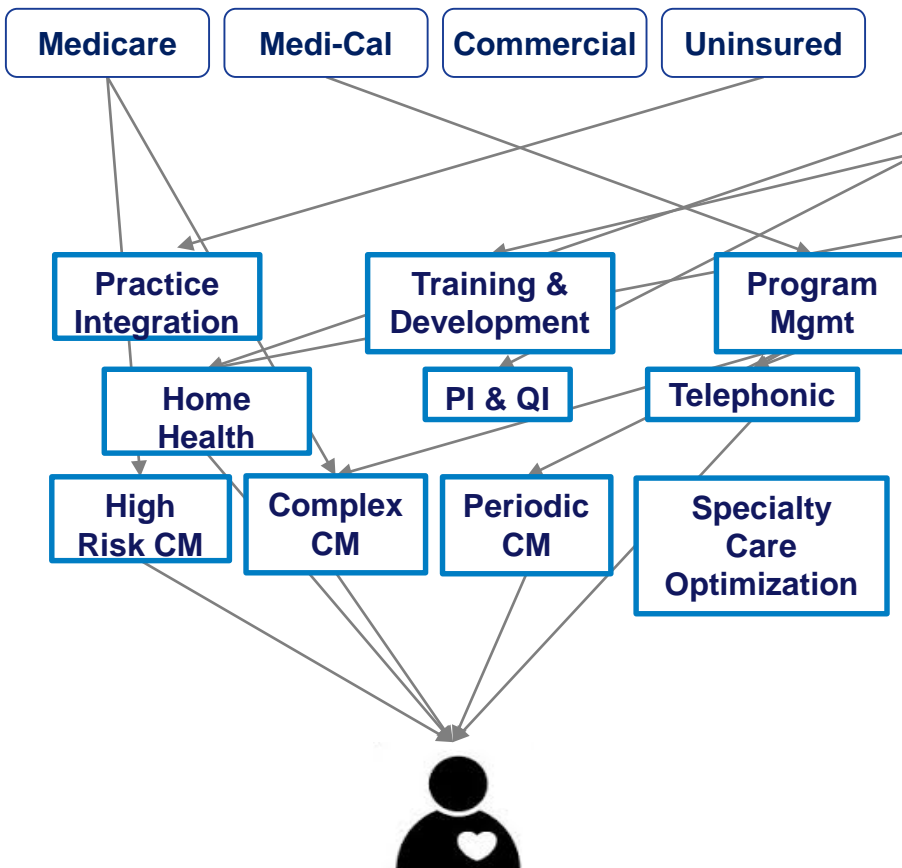
Resources: Utilization Review, Call Center, Appointment Scheduling/ Reminders, Community Org & Provider Directories, Transportation, Specialist-level Expertise

Support: Operational Oversight, Reporting, Performance & Quality Measurement, Training, Protocols, IT

Streamlining Care Models Leads to Efficiency and Improved Quality

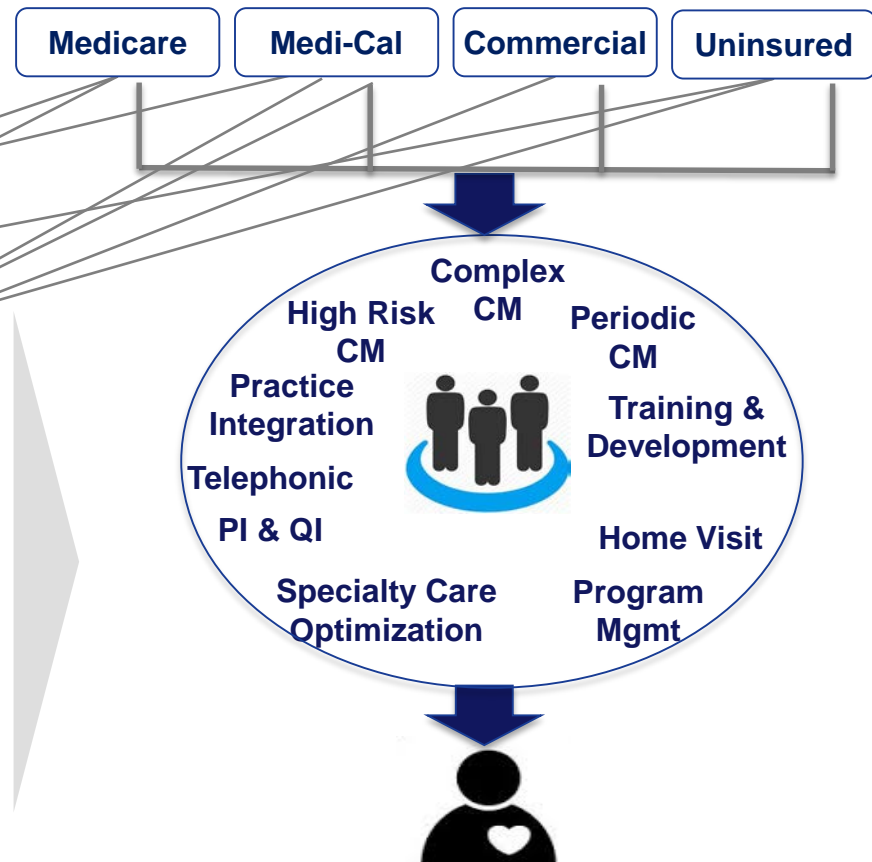
Current State

Many care management and coordination activities take place across multiple settings, and common functions are managed differently from location to location, program to program

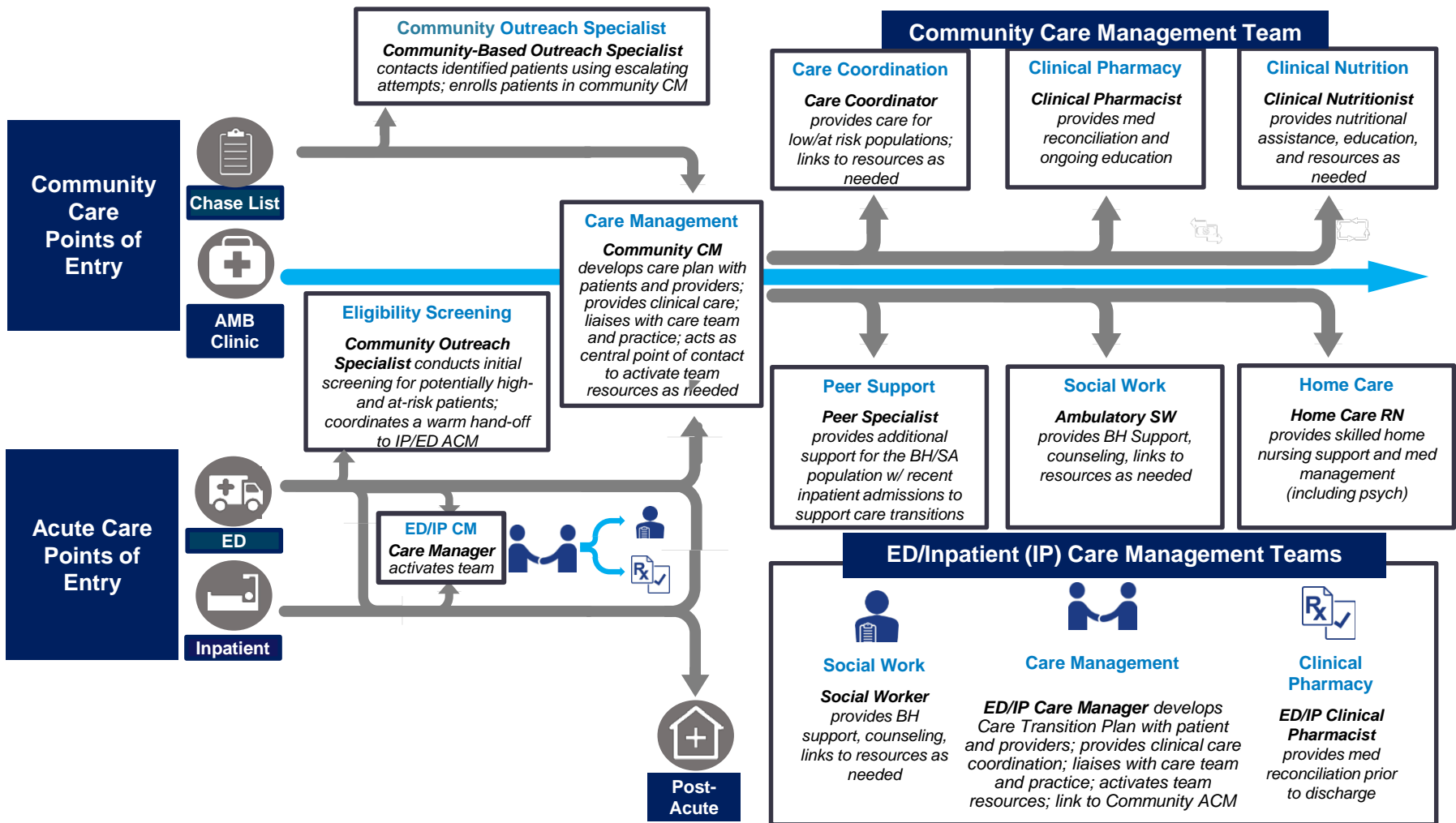


Future State

Guiding principles drive consistent process, helping teams perform at an optimal level and ensure that the organization can achieve the best outcomes for their members



Continuum of Care Management Across Care Settings



Optimizing Provider Network to Thrive in Risk



Leverage data to establish high-performing networks comprised of the right providers required to manage the population in risk-based arrangements

- Identify opportunities to reduce avoidable and out-of-network utilization



Develop effective financial incentives for providers to improve quality of care, reduce total cost and enhance experience



Renegotiation of managed care contracts to transition away from low-yield VBP contracts to full capitation

- Increased delegation of services enabling health systems to build network infrastructure and medical management



Create and strengthen collaborative partnerships that integrate primary and specialty care with behavioral health, FQHCs, post-acute and CBOs

- Establish clear roles for each partner and provider in the network to optimize resources and avoid duplication

Key Steps for Delivery System Reform

Leverage history/understanding of capitation and PRIME to continue delivery system reform efforts

Use population health and analytics to reduce utilization and costs and improve clinical outcomes and patient experience

Advance collaborative, service-line and clinical program development efforts to grow share and optimize provider networks

Assess network utilization and recast capacity and funds flow models, as indicated

Focus on further developing care management systems, with a focus on building capabilities around complex care/whole person care

Further integrate behavioral health and emphasize determinants of health in planning and program development efforts

Partner with the community to further develop the workforce, including the next generation of leaders

Create non-MD extenders, non-traditional roles, and new workflows; advance diversity and cultural competency

Leverage IT to extend care into the community and into the home, and build home-based prevention and primary care programs

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Appendix A: Select Biographies

Allen Miller

Chief Executive Officer



Allen Miller is the CEO of COPE Health Solutions. He has over 20 years of experience providing strategic planning, business development, managed care/value based payment, network development and care management consulting services. Allen has lead assessments, planning, development and implementation of integrated delivery networks, Independent Physician Associations and Accountable Care Organizations throughout the US. Under Allen's leadership, COPE Health Solutions has become the pre-eminent go-to solutions company for health systems and health plans looking to take on a leadership role in population health for all lines of business.

COPE Health Solutions complements its consulting services with the largest health care talent pipeline in the country, known as COPE Health Scholars providing a unique health care training experience to over 4500 students annually in over 20 hospital and ambulatory sites throughout California and Washington State. Allen and his team are consistently on the cutting edge of work to implement new health care policy, including federal demonstrations and state waivers across the country, by partnering with providers and payors to transform fragmented, acute care "un-systems" of delivery into coordinated systems of care focused on improving the health of populations, while enhancing efficiency and aligning financial incentives.

A graduate of UCLA, both for his Bachelors of Science and his Masters of Public Health in Health Services, Mr. Miller also completed an intensive on International Business at Oxford University in England.

Evan King

Executive Vice President



Mr. King has led numerous complex assessment, strategic planning and transformative implementation engagements throughout California, Texas, Washington, New York and in other parts of the country. Mr. King has guided the development of key services to assist our clients and partners in preparing for local, state and federal reform, with a particular focus on clinical integration and alignment of business models between large health systems, hospitals, physicians, community health centers, long term care providers and payors.

Mr. King is one of a handful of people, mostly within COPE Health Solutions, who has led the planning and implementation of numerous a large-scale Medicaid 1115 Waiver Demonstration Projects in California, Texas and New York, successfully establishing new integrated delivery models across the care continuum. Results of projects led by Mr. King have been recognized and won state and national acclaim for their impact and success in improving efficiency and coordination of care. Within these large-scale projects, in addition to overall planning, design and implementation, Mr. King's areas of deep expertise include managed care/contracting, health information technology and ambulatory network development.

Currently, Mr. King is leading the health information technology planning and execution for three large Performing Provider Systems in New York City and the greater Rochester Region, while also supporting large joint venture integrated delivery system development projects in Southern and Northern California and Medicaid managed care strategy design in the Pacific Northwest.

Prior to his tenure with COPE Health Solutions, Mr. King consulted for PwC in the Health Advisory practice Western region in the areas of revenue cycle, emergency preparedness planning and mergers and acquisitions. Mr. King is a graduate of the University of California, Los Angeles, where he received Master's degrees in Latin American Studies and Public Health, Health Services.

Dawn Johnson, RN, MSN

Executive Vice President



Dawn Johnson is a masters-prepared registered nurse with a diverse background in clinical care, health policy and consulting. With more than 20 years of professional health care industry experience spanning both the public and private sectors, Ms. Johnson has worked with multiple federal agencies, state governments, private organizations and vendors. Dawn comes to COPE Health Solutions with a background in care management, care coordination, government relations, health policy and business development. Her focus is on health care system transformation that improves the care delivery system for vulnerable populations, improves clinical outcomes and empowers consumers to become more accountable for their healthcare.

Prior to joining COPE Health Solutions, Dawn's private sector leadership roles allowed her to use a clinician's approach to develop strategies, mitigate risk and collaborate on solutions for payors, providers, vendors and consumers. During her federal tenure she served as a nurse case manager for the Department of Veterans Affairs and successfully reduced recidivism in her chronically ill populations. At the Centers for Medicare and Medicaid Services (CMS), Dawn served in both the region and central offices, across both Medicaid and Medicare. At the end of her tenure she was responsible for managing the largest pilot program for Medicare fee-for-service beneficiaries that tested disease management strategies, which included multiple public-private cooperative agreements and partnerships, \$350 million in program fees and more than \$10 million in support contracts.

Dawn earned her BSN and MSN from the University of Maryland at Baltimore, School of Nursing.

Cindy Ehnes, Esq.

Executive Vice President



Cindy Ehnes, Executive Vice President, is an attorney licensed in California and Colorado who served as Gov. Schwarzenegger's Director of the CA Department of Managed Health Care for seven years.

As Director, overseeing health insurance services for 21 million Californians, Ms. Ehnes regulated the operations, clinical and financial performance for 105 health plans and 220 delegated medical groups. She launched the quality improvement program, the Right Care Initiative, involving 10 health plans and

more than 50 delegated medical groups and IPAs, a ten-year program focused on improving HEDIS scores for several million HMO enrollees.

She also provided leadership to the California Quality Care Collaborative, leading initiatives to improve standards of care and EMR adoption for medical groups in the Inland Empire. As a 12-year board member of the Integrated Healthcare Association, Ms. Ehnes has assisted in developing pay-for-performance programs and total cost of care measurement for California Medicaid managed care organizations.

In her role, Ms. Ehnes brings her deep expertise in “what works and what doesn't work” in regulatory, financial, risk contracting and operational mechanics to health plans and delegated providers. Cindy also provides interim health plan CEO capabilities, executive coaching, compliance reviews, as well as strategic consulting for health plans and medical groups.

Cindy is the author of The Prentice Hall ADA Compliance Advisor and was a world class ski racer (still avid and fast!).

Tom Dougherty

Executive Vice President



Tom Dougherty, MBA, FACHE, is an Executive President at COPE Health Solutions with more than 25 years of broad-based experience in senior leadership roles for health care systems, hospitals, health plans, post-acute care, home health and hospice. He has extensive experience in operations and integration, strategic planning, care delivery redesign, contracting, reimbursement, capitation, financial management, revenue cycle and business development. He has led turnarounds, transformations, reengineered operations to achieve efficiencies and large-scale network development. Mr. Dougherty works with clients to transition to risk and value-based reimbursement models, maximize their operational efficiencies and revenues, create new opportunities, expand the benefit of their services, implement appropriate strategies and pursue the right innovations that lead to success as health care faces extraordinary changes.

Prior to joining COPE Health Solutions, Mr. Dougherty served as President of his own consulting practice, Healthcare Innovators. In this role, Mr. Dougherty guided his clients in strategic planning, transforming business models from fee-for-service to services that complement coordinated care risk models such as capitation or bundled payments. He provided assessments and evaluations for mergers and acquisitions, service line redesign and innovations and identification of opportunities for performance improvement. Mr. Dougherty has served as an executive in many health care systems, including Downey Regional Medical Center, Valley Health System, Inter Valley Health Plan, PPO Alliance and others.

Mr. Dougherty is a Fellow of the American College of Healthcare Executives (FACHE) and serves on the Board, and is a Past President, of Health Care Executives of Southern California (HCE), the greater Los Angeles chapter of the American College of Healthcare Executives (ACHE). He enjoys mentoring early careerists. He is a past member of the Advisory Committee for the Healthcare Administration Program of California Baptist University.

Mr. Dougherty earned his Bachelor of Science in business administration degree from Xavier University in Cincinnati, Ohio and his Master of Business Administration degree from the University of Phoenix.

Michael Zaccagnino

Executive Vice President



Michael Zaccagnino serves as Executive Vice President of COPE Health Solutions, with more than 20 years of experience working with health systems, hospitals, medical groups and start-ups.

Mr. Zaccagnino enjoys helping leaders develop and execute, growth and market expansion strategies. He is also interested in efforts aimed at reducing and eliminating health disparities, managing and curing rare diseases and improving population health. He has expertise in strategy formation, strategy execution, organizational effectiveness, and quality/profit improvement; specific areas of focus include health policy, system development, clinical integration, physician alignment and strategy, service-line development, culture building, value- and volume-based strategies, MSO development, delivery system reform, clinical practice evaluation and management, patient experience, results management and analytics.

Prior to joining COPE Health Solutions, Mr. Zaccagnino operated Lucania Partners, Inc., a health care consulting practice founded in 2005 and specializing in enabling results-based change. In this capacity, he advised board members and senior leaders seeking to transform their organizations. Mr. Zaccagnino's client roster included Hazelden (Betty Ford) Foundation, US Invest (Beijing-US Friendship Medical Center), Covenant Health System, Montefiore Medical Center, Yale-New Haven Health, Yale School of Medicine and others. Over the years, Mr. Zaccagnino served as a corporate officer at NewYork-Presbyterian Hospital, a senior leader at Health+Hospitals Corporation and Baystate Health and an associate at Henry Ford Health System and Strong Memorial Hospital.

Mr. Zaccagnino is a member of ACHE and MGMA. He earned his BA in Economics from the University of Rochester and his Master's in Health Services Administration from the University of Michigan.

Joel Perlman

Strategic Advisor



Joel Perlman previously served as the Executive Vice President, CFO of the Montefiore Health System. Montefiore Medicine, with nearly \$6 billion dollars in annual revenue, is a multi-hospital system and the parent of the Albert Einstein College of Medicine.

During his nearly 30 years at Montefiore, Mr. Perlman has participated in planning and leading the growth of the Montefiore Health System including its emergence as an integrated delivery system. Montefiore has been an industry leader in population health and value based arrangements including participation in the Medicare Pioneer ACO. It currently has several hundred thousand patients managed under global capitation and shared savings arrangements. Mr. Perlman has served in leadership and board roles on a number of health care organizations, including currently, CAQH-CORE, the New York Clinical Data Research Network and Healthfirst, Inc.

Prior to Montefiore, Mr. Perlman served as CFO of St. Francis Medical Center and Robert Wood Johnson Medical Center in New Jersey and an auditor with Ernst & Young. Mr. Perlman is a CPA and received his undergraduate degree from Pace University and his Master's degree from Columbia University.

Matthew Mazdyasni

Strategic Advisor



Matthew Mazdyasni is currently involved in various consulting and advisory engagements. He was previously Executive Vice-President, Chief Administrative and Chief Financial Officer of HealthCare Partners Holding, LLC. As a member of the senior executive team, Mr. Mazdyasni significantly contributed to the company's success which led to acquisition by DaVita, Inc. in November 2012. Simultaneously with this transaction, DaVita's name was changed to DaVita HealthCare Partners Inc.

Mr. Mazdyasni holds a Master of Science degree in accounting from the University of Kentucky. Prior to joining HealthCare Partners in 1982, he worked for national and local public accounting firms.

Mr. Mazdyasni was an active board member of several trade associations including CAPG where he was a member of CAPG Board of Directors and the Executive Committee till 2014. He was the CAPG Chairman of Board of Directors in 2004. Since retiring in February 2014, he continued as a board member of CAPG Foundation.

Mr. Mazdyasni has also distinguished himself as a mentor in health administration leadership. He was a preceptor to the University of Southern California's Master of Health Administration program for more than 25 years and was named Preceptor of the Year 2000-2001. Mr. Mazdyasni is a current member of Health Advisory Board of USC Price School of Public Policy.

James (“Jim”) Slaggert

Strategic Advisor



James Slaggert is an Executive Consultant based in Denver. His expertise over 25 years includes health system strategic planning, physician compensation redesign, medical group operations, Clinically Integrated Network (CIN) and ACO development, health system business growth and development planning and executive coaching for physician and non-physician leaders.

He completed his tenure as Chief Executive Officer, Medical Group Foundations at Providence Health and Services Southern California in August 2016. Mr. Slaggert’s areas of responsibility spanned medical group strategy and operations including Facey Medical Group, Providence Medical Associates and various other affiliated physician practices across the region. Acquisition of new physician practices was a key component of responsibility for Mr. Slaggert and his team. Financing and clinical care models encompassing value based care products (Commercial HMO, Medicare Advantage, PPO ACO) were core elements of the business model. Emphasis was directed towards new care models to enhance the consumer’s healthcare experience, both face-to-face and electronically.

Mr. Slaggert holds a BS degree in Biomedical Photographic Communications from Rochester Institute of Technology and earned his MBA from the University of Cincinnati. His 25 years of healthcare experience cover physician group CEO, Executive Director, and COO roles predominately in the Bay Area of Northern California. Most recently were 13 years as the CEO of Alta Bates Medical Group, a 600 physician IPA serving Berkeley, Oakland and beyond. Immediately prior to joining Providence Mr. Slaggert spent 3.5 years as a National Vice President at Catholic Health Initiatives (CHI), a large faith based health system headquartered in Denver. Initially hired by CHI as the national COO for over 2,000 employed physicians across the country, his final 2 years at CHI were spent developing clinically integrated networks in multiple markets entailing collaborative partnerships between employed physicians, independent physicians and hospitals.

Mr. Slaggert’s professional areas of focus are patient centric care, strategic planning and business development, population health management and physician leadership development.

Yomi Ajao

Vice President



Yomi Ajao, Vice President, is a Lean Master and a Master Black Belt with over 15 years of experience in leading health care delivery transformation. He has significant experience in the deployment of Performance Improvement frameworks and the formation of Provider Sponsored Health Plans, Clinically Integrated Networks and Pharmacy Benefit Management (PBM) for Medicare Advantage, Self-Insured and Commercial populations.

Prior to joining COPE Health Solutions, Yomi was a partner with Africa Performance Improvement Institute (APII) where he led the deployment of a pioneering Pharmacy Benefit Management platform in West Africa. Before APII, he was the Senior Director of Evolent Health where he successfully led the implementation of Provider Sponsored Health Plans, Clinically Integrated Networks and Population Health platforms.

Yomi has also held multiple leadership roles with Hospital Corporation of America and Deloitte consulting where he led the transformation of application delivery and support systems implementation and management, all with an agile deployment approach. This included the deployment of multiple EMR systems and process reengineering of many clinical operations across multiple care settings, including Emergency Departments, inpatient areas and outpatient centers.

Yomi earned his bachelor's degree in Chemical Engineering from New Jersey Institute of Technology, his master's degree in Computer Information System from Boston University and an Executive Certificate in Strategy and Product Innovation from MIT Sloan School of Management.

Carla D'Angelo

Vice President



Carla D'Angelo joined COPE Health Solutions as a vice president in 2016. She has more than 10 years of leadership experience in the health care industry with a primary focus on health plan and provider collaboration. Prior to joining COPE Health Solutions, Carla served as the senior vice president at YourCare Health Plan, a low-income health insurer in Western New York. In this role, Carla led the New York State Medicaid Delivery System Reform Incentive Payment (DSRIP), value-based contracting, marketing and quality efforts. Carla also served as the senior vice president of administration at Trillium Health, a Federally Qualified Health Center (FQHC) Look-a-Like in Rochester, NY where she led the health center through their FQHC application process.

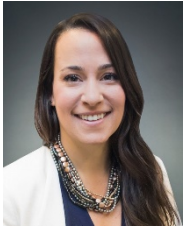
Additionally, Ms. D'Angelo ran the 340B pharmacy, marketing and organizational advancement departments, human resources and organizational strategy and board relations. Carla also served as the interim CEO for the organization. Carla spent seven years at Excellus BlueCross BlueShield, most recently as the Director of Financial Services Consulting.

Carla's expertise is in value-based contracting, accountable care organization development, provider contracting and health care reimbursement. In her senior leadership roles, Carla has gained expertise in board relations, strategic planning, executive coaching and leadership development. Her passion is around eliminating health disparities for low income and vulnerable populations.

Carla received her Master's in Public Health from SUNY Albany. She has served on numerous local non-profit boards and currently serves as the president of the Healthcare Financial Management Association (HFMA) in her local chapter. Carla is a 40 under 40 awardee and has won numerous awards for her volunteerism. Carla enjoys scuba diving, traveling the globe, yoga and golfing.

Darcie Goodman, RN

Vice President



Darcie Goodman, vice president at COPE Health Solutions, has over 12 years of international health care experience serving as a registered nurse in both clinical and leadership roles. She brings deep subject matter expertise surrounding population health management strategies, operational tools and implementation within multiple settings from large urban health systems, to small- and medium-sized hospitals and practices.

Most recently Ms. Goodman served in a key leadership role as director of care management within Mount Sinai Health System's Population Health department. Her charge was to lead and expand the care management service line, supporting the health system strategy of rapidly and successfully moving toward the value-based reimbursement marketplace. Within this role she led the successful implementation of multiple care management delivery models targeting over 500,000 patients, including two multidisciplinary telephonic outreach centers, and aided in the development of numerous IT platforms and tools. Notably, she liaised with clinicians and multiple payer groups to create a standardized risk stratification method, which integrated both clinical and claims data, in order to enhance the targeting and support of at risk populations across the health system. Ms. Goodman also served as a subject matter expert within multiple ambulatory and hospital-based transformation and redesign efforts, and has proven process improvement expertise designing integrated, empathic strategies to solve problems within complex organizations.

Ms. Goodman earned her Bachelor of Science in Nursing in British Columbia, Canada, and Master of Public Administration with honors, specializing in health management and policy, from New York University. Being passionate about population health management, she has also received her Population Care Coordination certification from Duke University.

Wren Keber

Vice President



Wren Keber has over 10 years of experience in health care, specializing in the development, implementation, and operation of clinically integrated delivery networks, including independent practice associations (IPAs) and accountable care organizations (ACOs.) He has assisted hospital systems and physician organizations nationwide in achieving clinical integration and success in value based payment arrangements using these models. Most recently, Mr. Keber has focused on New York State managed Medicaid, as well as the 1115 Waiver and its programs, such as Delivery System Reform Incentive Payment (DSRIP).

He also has expertise in the Medicare Shared Savings Program (MSSP) and the Next Generation ACO (NGACO) offered by the Centers for Medicare and Medicaid Services (CMS). He has advised integrated networks in their preparation for and participation in all of these programs.

Before joining COPE Health Solutions, Mr. Keber served as manager for clinical integration and accountable care at The Camden Group, a highly recognized healthcare management consulting firm. He led strategic planning for health systems implementing clinically integrated networks and seeking to partner with payors for outcomes-based programs.

Prior to The Camden Group, Mr. Keber served as director for healthcare information technology at Fusion Productions in Webster, New York, where he oversaw the HIT division, including project management, sales/marketing, product development, professional affiliations and partnerships, and consulting services. His past clients include Excellus BlueCross BlueShield in Upstate NY, and several major regional health information organizations (RHIOs). He had also previously served as project manager for online and interactive programs at Fusion.

Mr. Keber earned his Bachelor of Technology (BTech) from SUNY College of Technology at Alfred in Alfred, New York, and his Master of Business Administration (MBA) from St. Bonaventure University in Olean, New York.

Sarita Choy

Vice President, Business Development



Sarita Choy is Vice President, Business Development at COPE Health Solutions and an experienced marketing and communications leader with more than 10 years of experience leading marketing, communications, and business development in the healthcare management consulting industry. She has deep expertise in successfully developing and executing integrated marketing communications strategies to drive market visibility, generate leads, and support business strategic objectives. Ms. Choy also specializes in growth strategies, content marketing, brand management, PR/media, web strategy, digital marketing, and social media.

Prior to joining COPE Health Solutions, Ms. Choy served as Marketing/Communications Director for GE Healthcare Camden Group, one of the nation's top 20 largest healthcare business advisory firms. There she developed and executed comprehensive marketing and growth strategies for new business lines and regions, expanding the C-suite client base, and generating leads that contributed to company growth from an annual revenue of \$13M to \$36M; from two offices to five across the U.S. She led integrated marketing communications strategies and execution of marketing programs including traditional, digital, promotions, and social media strategies for 60+ service portfolio, driving brand awareness and gaining market mind share. Ms. Choy also served as brand manager, overseeing and launching three all-inclusive brand refreshes in a 10-year period to strengthen brand positioning, each incorporating new visual identity and branding. In addition, she served as the firm's chief media contact and oversaw direct PR outreach.

Before joining GE Healthcare Camden Group, Ms. Choy held positions as a literary agent at two established talent agencies, representing a variety of artists in the entertainment industry.

Ms. Choy earned her Bachelor of Arts degree at University of Michigan, Ann Arbor, MI.



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